

*The Children's Hour*

# MALE AND FEMALE CREATED HE THEM



Kenneth S. Robson, M.D.

# **The Children's Hour:**

## **A Life in Child Psychiatry**

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## Male and Female Created He Them

*The Phoenix riddle hath more wit  
By us; we two being one, are it;  
So, to one neutral thing both sexes fit.*

-John Donne

Mason was somebody's darling. That was clear the moment I saw him. Here stood a well-scrubbed, verbally precocious three-year-old with carefully groomed, blond hair. He strutted briskly and pompously about while scanning his surroundings with a penetrating, skeptical gaze. Dressed in expensive, slightly mannered but tasteful outfits, he pranced and gestured with the flourishes of a French courtier. Daily, at his preschool, he separated from his anguished mother with melodrama straight from *The Perils of Pauline*, twisting and turning in her arms, while in protest he was dragged to the school door. Once amputated and safely ensconced in his schoolroom, Mason moved to the dress-up corner where, for the remainder of the morning, he donned skirts, hats, scarves, jewelry and any other available accoutrements of female fashion. What served as entertainment for his peers was a vocation for Mason. The daily reenactment of this tragi-comic scene led Mason's pediatrician to suggest to mother that she seek consultation.

He approached my office with surprising assurance, summarily dismissing his astonished mother at the door. Cocking his head like a miniature late night talk show host or master of ceremonies, Mason perused me carefully and opened with: "So you are my unusual friend." Introductions completed, he gravitated to and carefully explored the dolls on my shelves, ignoring trucks, guns and building blocks. He told me of his collection of some forty Barbie dolls, gifts from a doting grandmother who could never say no. I was eager in this initial meeting to begin exploration of Mason's gender preference by seeking out masculine ambitions that might be concealed, for safety's sake, beneath the surface of his feminine persona. Certain developmental anxieties in boys often lead to withdrawal from or disguising of male identity, a flight from "manliness" driven by a sense of danger. In such cases the clinician's task is to reduce the child's dread while freeing up authentic strivings. But if the gender preference seems fixed and fundamental to a child's core identity, the task is clearly different and involves helping child and parents live with the atypical while navigating the shoals of a predictably intolerant world.

Mason turned to the future, sharing his visions of adult life. His father was president of a successful company. Like father, unlike son? Mason dreamed, uneasily, sharing “and when I grow up I want to be a pr . . . pr . . . pr . . . princess.” His *pr*’s suggested the notion that president was at least present in a rudimentary fashion, and his stuttering and stumbling over this word revealed his anxiety. But as time passed, it became clear that Mason, free in my space to be and become whomever he wished, was unambiguously committed to life as female royalty, a princess and not a president.

The developmental line of gender and sexuality is marked by four nodal points along its sometimes treacherous traverse from birth to adolescence—biological gender; core gender identity (the inner, subjective perception of being male or female, the contours of which are definitively shaped by three years of age); sex role (the culture’s stereotypical patterns and characteristics of boy/girl, man/woman behavior); and, finally, sexual orientation (preference for a male or female sexual partner). For the most part these points are congruent with one another over time, though many permutations appear as they do in all of nature’s enterprises. The internal crystallization of core gender identity is not determined by biological gender alone. Rather, it emerges from a complex interplay of genetic, constitutional, familial and cultural influences. Most gay men have male core gender identities. Boys like Mason, biologically male, psychologically female, may live out their lives suffering intensely, never feeling like themselves or who or what they want to be. There is a complete, restless, impatient homunculus living within, a cross-sex homunculus driven into hiding by societal forces, externally conforming to the culture’s sex roles but longing to emerge. In the normal course of development through the early years, both children and their parents can struggle mightily with these complex and emotion-laden issues, more harshly and rigidly perhaps in this culture than some others. Males, the most vulnerable sex both biologically and psychologically, may struggle harder. It is interesting that embryologically the female genitalia is basic to all fetuses, the male machinery a later add-on and psychologically less securely fastened. Tomboy girls are tolerated if not venerated in contrast to effeminate boys, who are relentlessly persecuted by their anxious, threatened peers. One such patient of mine recalled being tied to a tree by neighborhood boys and made to cry out for his mother when seven or eight years of age. This childhood rendition of “gay-bashing” seems mild compared to the murderous rage of adolescents and young adults who are burdened by unresolved gender issues. During my training in Boston, male teens for Saturday night entertainment sought out gays in their gathering places, frequently breaking jaws or limbs in their frenzy

to disown any female characteristics of their own. Happily, American culture has become more tolerant of gender ambiguity and has blurred, to some extent, the line between the sexes. When normally aligned, the gender components of the developing self in children are relatively silent; but their influence upon the course and well-being of a life are starkly evident when their natural order is disrupted.

Jacob, a fifteen-year-old, was raised in an Orthodox, Jewish home. From age seven or so, he suffered from chronic depression, which became so profound as he entered puberty that he required inpatient hospitalization, the setting where I first met him. A gangly boy with a shock of unruly dark hair, he shuffled and usually averted his gaze in social encounters. He had become persistently suicidal, feeling that life had become overwhelmingly bleak. The intense religiosity of his family lent him little comfort, adding harsh, intolerant judgments to his sense of unworthiness. While early-onset depression is not rare in children, the causes are usually discoverable. With Jacob I remained puzzled, feeling that the gravity of his depression did not fit with other aspects of his life. He responded poorly to psychotherapy and anti-depressant medication. Sessions with him seemed unproductive. After eighteen months with little progress evident, Jacob looked me in the eye and haltingly confessed: "I want to be a woman." His encounter with an age mate who wore earrings and lipstick to school had prompted the timing of this revelation.

A new set of problems now emerged as the ripples of his disclosure spread. Strife, humiliation and shame within his family and his school surrounded and closed in on Jacob, who had quickly learned that truth has consequences and that the social contract was not written for him. The solution he had longed for brought him new misery rather than emancipation, isolation rather than community. To fully embrace the transsexual world, he wanted sex-change surgery but knew that five or so years would have to pass before he was old enough for that option. His depression and suicidal despair continued. The suicide rate in boys like Jacob is significantly higher than the already elevated incidence during adolescence. Dressing, when permitted, like a woman and now called Janice, Jacob could neither retreat to his former self nor advance to his new identity and its sub-culture. Helplessness to change one's fate is depression's bedfellow. I lent Jacob support but that was too little. The discomforts of his daily life validated his despair.

I was hopeful that intervening at such an early age with Mason might spare him the vicissitudes of

Jacob's adolescence. My cautious optimism failed to fully recognize the profound antipathy with which society approaches any deviations in sex or gender in its members. In the office Mason initially tested my tolerance for his preferences: wrapping his head in turbans or affecting a woman's voice, he scanned my face for signs of disapproval. Shortly, he felt sufficiently safe to bring his feminine longings regularly to me. And once aware that his identity was female, his parents lent their support at home. But out in the world his increasingly open desires to move, dress, talk and play like a girl complicated his school life and friendships, leading to a sequence of increasingly complicated decisions.

How, for example, does one guide a child and his parents when at five a boy insists on wearing feminine attire into a gender-specific world? I knew that Mason faced many years of living in a stereotypical male society, perhaps a decade or more, before any version of coming out would be acceptable. Should he be encouraged to fashion a male sex role so as to get along in the world, or would that direction crush the self that was genuine? Should I recommend a single sex or co-ed school for him, given that there were no environments tailored to trans-sexual children? I opted for a traditional, all-male school whose administration seemed sensitive to Mason's plight. Mason was now six and our paths diverged. I moved to Washington, DC to join the Public Health Service for two years. I referred my unusual friend to a colleague for ongoing care. However, his future and mine would cross again.

As a child psychiatrist I was often consulted by the Court or agencies with questions as to the fate of children raised by gay or lesbian parents. The irrational national controversy over this family structure generated great heat based on no light. In fact, all existing studies of such children find no increase in gay or lesbian life preferences when compared to the offspring of traditional male-female parents, not a surprise since the vast majority of gays and lesbians develop within "straight" families. The issue of sexual orientation in parents arose in my treatment of Emma. Unlike Mason, Emma was a spunky, delightful seven-year-old when I first encountered her. Cute but feisty, she shook her decidedly feminine pigtails when irked, a not uncommon mood. While her gender identity seemed secure, her world was not. One of three children, she shared her time between her parents whose relentless conflict dominated Emma's world.

Her father, unbeknownst to her, conducted a secret life as a transsexual. When Emma was three, he returned home one evening dressed in heels, stockings, a dress, rouge, lipstick and a wig. Stunned by this

metamorphosis, Emma, who was not forewarned, exhibited confusion and anxiety, initially solving her dilemma by assuming that her father was playing a practical joke, a kind of out-of-season Halloween prank. But her father, hoping to become the best and only parent in his daughter's life, told her "Your daddy is dead; you have two mommies now." This self-serving revelation stunned her mother, too, and led to Emma's referral to me in the turmoil that followed. In my office she played out with hand puppets and tiny family figurines the black comedy of her family drama. Time and again, in fury, she threw the father figure across the room, often exclaiming that this "mommy-daddy" was bad and mean. Of course, she loved her father, felt rejected and abandoned by him, sensing the tectonic plates of her life shifting precipitously. Her mother, a kind and competent parent, feared the worst for Emma if she was parented by this strange and unnatural apparition who was her father. She sued for divorce and requested a custody study that recommended sole residence with her. As Emma's world reformed, it was evident that her feminine identity had robustly withstood any and all assaults upon it.

By the age of nine she was managing well and had pushed out of conscious awareness most recollections of those traumatic years. Memory, the trickster, is on occasion kind. Her mother remarried, and Emma moved to a new state hundreds of miles away, where she thrived. Her mother wrote me when Emma was eighteen. She was in college and a gifted short story writer. Emma never spoke of her father and seemed to have no memories of him.

In some circumstances, children with firm core gender identity appear to vest themselves in the ways of the opposite sex. This is the rule with tomboys but not with their male counterparts. It was, however, true of Harold. A strapping ten-year-old with Tom Sawyerish freckles and red hair, Harold sat in my office and assertively corrected me, after I greeted him by his given name: "Call me Margaret." In child psychiatry the work sometimes presents one with Rosetta Stones that require efforts to break the code. I will often have children introduce me to their worlds by drawing their homes. Harold readily did so, leaving one room unfurnished, untouched. I asked about this design omission and he slowly, haltingly told me that this was his sister Margaret's room. She had died of cancer several years before and Harold, the sole surviving child, had witnessed and was immersed in his mother's descent into hell that this tragic, untimely death precipitated.

Margaret's room, with all of her personal belongings untouched, was sealed and in effect became



her mausoleum. No one in the family spoke of her. But Harold, in an effort to bring his mother back to him, found what seemed to him the simplest solution by taking on his dead siblings name. The failure of his mission, and the concern it raised in those who loved him, led to a more enduring refurbishing of the family home, both internally and externally; and as Margaret's passing was more appropriately mourned, the shades in her bedroom were raised and Harold was free to reclaim his name, his gender and his life.

Mason's mother called me when her son was thirteen. She reported that Mason sought the company of gay youth and appeared at home in that world. But his course through childhood was stormy and friendless. Ten years later, while writing this book, I asked Mason, now Marissa, to meet with me. Tall and "twiggy thin," she was dressed in jeans rather than traditional female attire. Her henna-tinted hair framed but was incongruous with the eyes, smile and tone of voice of Mason at six. Marissa resembled a man in drag more than a woman. While eager to meet with me and tell her story, Marissa was wary and good contact was difficult to establish, as had been the case many years earlier. She lacked animation; the histrionic liveliness of earlier years was absent. She seemed mildly depressed or empty. I learned that Marissa had undergone castration four months prior to our meeting and was now on female hormones, the final phase of her conversion.

The prospect of meeting Mason had been exhilarating to me. I suppose my patients carve out a space somewhere within that remains furnished but unoccupied in their absence. But this meeting with Mason left me depressed. I was humbled and saddened by the lackluster outcome of his/her tarnished life. I sensed that little ordinary pleasure would ensue. I wished I could have done more. His school-age years had been painful. At twelve, homoerotic feelings had surfaced, leading to a series of casual relationships with gay men. In the years that followed, Marissa continued to have relationships with men, most of them short-lived. She feels her own gender status is now settled, though her personal identity remains a work in progress. Marissa's mother feels that her son is desperately lonely, moving from one emotional crisis to another. What struck me most about my meeting with Marissa was the emotional distance at which it was conducted: I suffered through a joyless and impersonal interview with a gender-amorphic and unformed stranger well known to me in her childhood. Her fantasies of femininity at three may have brought her more joy than life as a woman with all its complexities. Without the ongoing support of her devoted parents, it is hard to see how she could manage her shadowy life.

The social contract is exacting, entering the awareness of children very early in life. They know that a fundamental stipulation of this contract involves conformity with one's biological gender. The author of Genesis made such conformity seem far simpler than it is; we are not just created man and woman. The long path to self-certainty, the unchanging sense of "I," cannot be accomplished without gender certainty, and that path is frequently steep and sometimes impassable.